


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000082541 1. Entity Name GULF LINE, INC.	
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Principal Place of Business 8202 CORMEL STREET PORT RICHEY, FL 34668	Mailing Address 8202 CORMEL STREET PORT RICHEY, FL 34668
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DO NOT WRITE IN THIS SPACE



09092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3651168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALKER, CYNDI 5414 BLUEPOINT DRIVE PORT RICHEY, FL 34668	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALKER, CYNDI 5414 BLUEPOINT DR PORT RICHEY, FL 34668
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cyndi Walker* CYNDI WALKER 9-9-04 727-849-0130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #